

# COVER PAGE

Applicant Name: \_\_\_\_\_ Fiscal Agent \_\_\_\_\_  
 County(s) Served: \_\_\_\_\_ City(s) Served \_\_\_\_\_

	<u>Name</u>	<u>Telephone</u>	<u>Fax</u>	<u>E-mail Address</u>
Program Director:	_____	_____	_____	_____
Additional Contact:	_____	_____	_____	_____
Main Address:	_____		Website Address:	_____

**Type of Eligible Applicant** (please place an "X" in the appropriate box):

- |   |   |
|---|---|
| <input type="checkbox"/> Local Educational Agency           | <input type="checkbox"/> Community-based Organization of demonstrated effectiveness   |
| <input type="checkbox"/> Library                            | <input type="checkbox"/> Volunteer Literacy Organization of demonstrated effectiveness                                      |
| <input type="checkbox"/> Public Housing Authority           | <input type="checkbox"/> Other Nonprofit Institution with the ability to provide literacy services to adults and families   |
| <input type="checkbox"/> Higher Education Institution       | <input type="checkbox"/> Consortium of agencies, organizations, institutions, libraries, or any authorities described above |
| <input type="checkbox"/> Public or Private Nonprofit Agency |   |

<b>Population Served</b> (Check those that apply):	<b>Projected No. of Students to be Served From this Population</b>	<b>Amount of Funding Requested to Serve this Population</b>
<input type="checkbox"/> Adult Basic & Secondary (ABE/ASE)	_____	_____
<input type="checkbox"/> English as a Second Language (ESL)	_____	_____
<input type="checkbox"/> English Language Civics (ELC)	_____	_____
Total Number of Students	_____	Total Funding Request _____

Will any portion of the requested funds be used to provide services to incarcerated adult learners? (Y/N): ☐

**Signature of Agency/Organization Administrator (blue/black ink):** \_\_\_\_\_